

Waxing Service Consent Form

Client Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Emergency Contact Name & Number: _____

Service(s) to be performed: (e.g., Brow, Lip, Underarm, Bikini, Brazilian, Leg, Back, Chest)

Date of Appointment: _____

Wax Specialist/Practitioner Name: _____

Health & Medical Disclosure

Please check any that apply and provide details where necessary:

- ☐ Allergies (wax, rosin, latex, fragrance, skincare products, etc.): _____
- ☐ Skin conditions (eczema, psoriasis, rosacea, dermatitis): _____
- ☐ Active skin infections, cold sores, or open wounds in treatment area: _____
- ☐ Recent sunburn, laser treatment, or chemical peel in treatment area: _____
- ☐ Recent cosmetic procedures (Botox, fillers, etc.): _____
- ☐ Currently pregnant or breastfeeding: _____
- ☐ Diabetes: _____
- ☐ Blood disorders or use of blood thinners: _____
- ☐ Use of Accutane/isotretinoin (within the past 6–12 months): _____
- ☐ Use of Retin-A, retinoids, or glycolic acid products: _____
- ☐ History of keloids or hypertrophic scarring: _____
- ☐ Varicose veins in treatment area: _____
- ☐ Currently taking antibiotics or photosensitizing medications: _____
- ☐ Other relevant conditions: _____

I, the undersigned, hereby consent to receive waxing services. I understand that:

· Possible Risks & Side Effects: Redness, irritation, swelling, bumps, ingrown hairs, skin sensitivity, bruising, minor burns, allergic reaction, hyperpigmentation, or infection. In rare cases, skin lifting or tearing may occur.

- No Guarantee: Results may vary based on hair growth cycle, skin type, medications, and aftercare.
- Sensitive Areas: Waxing of intimate areas (bikini, Brazilian) is a sensitive procedure and may cause discomfort.
- Aftercare: I agree to follow all aftercare instructions provided, including avoiding sun exposure, hot baths, saunas, tight clothing, and fragranced products for 24–48 hours after treatment.
- Ingrown Hairs: I understand that ingrown hairs may occur and that regular exfoliation and moisturizing can help reduce them.
- Hair Length: Hair must be at least ¼ inch (0.5 cm) long for effective waxing.
- Contraindications: I understand that waxing may not be performed if I have any active skin infection, open wound, or other contraindicated condition in the treatment area.

I confirm that I have disclosed all relevant medical information and have had the opportunity to ask questions.

Deposit & Payment Policy

- A non-refundable deposit of \$50 is required to secure your appointment. This deposit will be applied toward the total cost of your service.
- The remaining balance of \$ _____ is due at the time of service.
- Accepted payment methods: ☐ Cash ☐ Card ☐ Zelle ☐ Other: _____
- Prices are subject to change. You will be notified of any changes before your appointment.
- If you arrive late, your appointment may be shortened, and the full service price will still apply.
- Refunds are not provided for completed services. If you are unhappy with your results, please contact us within 24 hours so we can address your concerns.

Cancellation & No-Show/No Call Policy

- We require at least 24 hours notice to cancel or reschedule an appointment.
- Cancellations with sufficient notice: Deposit may be transferred to one rescheduled appointment within 3 days.
- Late cancellations less than 24 hours: Deposit is forfeited.
- No-shows: Deposit is forfeited, and a new deposit will be required to book future appointments.
- Same-day cancellations/reschedules: Deposit is forfeited.
- More than 3 no-shows/late cancellations: May result in refusal of future bookings.
- If the wax specialist must cancel your appointment, your deposit will be transferred or fully refunded.

By signing below, I confirm that:

1. I am over 18 years of age (or have a parent/guardian's consent).
2. I have read and understood this form, including the payment and cancellation policies.
3. I voluntarily consent to the waxing service.
4. I agree to the deposit, payment, cancellation, and no-show terms outlined above.

5. I release the practitioner and establishment from liability for any adverse reactions resulting from undisclosed medical conditions or failure to follow aftercare instructions.

Client Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Wax Specialist Signature: _____ Date: _____